



Commonwealth of Virginia Workforce Investment Act

NOMINATION FORM A Local Workforce Investment Board

1-Name (<i>First, MI, Last</i>)		2-LWIA #	3-Date															
4-Street Address		13-Nominee Characteristics																
5-City		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>																
6-County		Race:																
7-State Virginia		White <input type="checkbox"/> Black <input type="checkbox"/>																
8-ZIP		Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>																
9-Home Phone (<i>include area code</i>)		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>																
10-Work Phone (<i>include area code</i>)		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>																
11-FAX		14-Recommended for (<i>see section number</i>)																
12-E-Mail		16-Community-Based Organization (CBO) <input type="checkbox"/>																
15-LWIA Name		17-Private Sector (Business) <input type="checkbox"/>																
16-CBO Representative		18-Education <input type="checkbox"/>																
Title _____ Organization _____		19-Economic Development <input type="checkbox"/>																
17-Private Sector (Business) Representative		20-Organized Labor <input type="checkbox"/>																
Title _____		21-One-Stop Partner <input type="checkbox"/>																
Business _____		22-Other <input type="checkbox"/>																
Type of Business _____		<table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Minority-Owned Business</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Female-Owned Business</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Number of Employees _____</td> <td></td> <td></td> </tr> </table>			Yes	No	Minority-Owned Business	<input type="checkbox"/>	<input type="checkbox"/>	Female-Owned Business	<input type="checkbox"/>	<input type="checkbox"/>	Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>			Number of Employees _____		
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Number of Employees _____																		
18-Education Representative		20-Organized Labor Representative																
Title _____		Title _____																
Institution _____		Affiliation _____																
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>		21-One-Stop Partner Representative																
19-Economic Development Representative		Title _____																
Title _____		Partner/Entity _____																
23-Nominator		22-Other Representative																
<i>I hereby recommend the above-named person for membership on the Local Workforce Investment Board.</i>		Title _____																
Signature _____ Date _____		Agency _____																
Printed/Typed Name & Title of Nominator _____		24-Action by Chief Local Elected Official																
Nominator Organization _____		Subject to certification required by Section 117 of the Workforce Investment Act of 1998 and Policy 99-2 of the Virginia Workforce Council, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials.																
Phone _____ FAX _____		Term of Appointment: From _____ To _____																
E-Mail _____		Signature of Chief Local Elected Official _____ Date _____																